**UNITED NATIONS** **DP**

**Executive Board of the United Nations Development Programme and of the United Nations Population Fund**

Distr.
GENERAL

DP/FPA/MNG/3
15 August 2001

ORIGINAL: ENGLISH

Second regular session 2001
10 to 14 September 2001, New York
Item 7 of the provisional agenda
UNFPA

# UNITED NATIONS POPULATION FUND
# PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mongolia

| | |
|---|---|
| Proposed UNFPA assistance: | $9 million, $6 million from regular resources and $3 million from co-financing modalities and/or other, including regular, resources |
| Programme period: | 5 years (2002-2006) |
| Cycle of assistance: | Third |
| Category per decision 2000/19: | B |

Proposed assistance by core programme areas (in millions of $):

| | Regular resources | Other | Total |
|---|---|---|---|
| Reproductive health | 4.5 | 2.5 | 7.0 |
| Population and development strategies | 1.2 | 0.5 | 1.7 |
| Programme coordination and assistance | 0.3 | - | 0.3 |
| Total | 6.0 | 3.0 | 9.0 |

/...

## MONGOLIA

### INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

| | | Thresholds* |
|---|---|---|
| Births with skilled attendants (%)[1/] | 99 | ≥60 |
| Contraceptive prevalence rate (%)[2/] | 61 | ≥55 |
| Proportion of population aged 15-24 living with HIV/AIDS (%)[3/] | -- | ≤10 |
| Adolescent fertility rate (per 1,000 women aged 15-19)[4/] | 47.0 | ≤65 |
| Infant mortality rate (per 1,000 live births)[5/] | 51 | ≤50 |
| Maternal mortality ratio (per 100,000 live births)[6/] | 150 | ≤100 |
| Adult female literacy rate (%)[7/] | 99 | ≥50 |
| Secondary net enrolment ratio (%)[8/] | 132 | ≥100 |

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

---

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

### Demographic Facts

| | | | |
|---|---|---|---|
| Population (000) in 2001 | 2,559 | Annual population growth rate (%) | 1.14 |
| Population in year 2015 (000) | 3,085 | Total fertility rate (/woman) | 2.32 |
| Sex ratio (/100 females) | 100 | Life expectancy at birth (years) | |
| Age distribution (%) | | Males | 61.9 |
| Ages 0-14 | 35.2 | Females | 65.9 |
| Youth (15-24) | 21.2 | Both sexes | 63.9 |
| Ages 60+ | 5.6 | GNP per capita (U.S. dollars, 1998) | 380 |

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

*N.B. The data in this fact sheet may vary from the data presented in the text of the document.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting January 2002 to help the Government of Mongolia achieve its population and development goals. UNFPA proposes to fund the programme in the amount of $9 million, of which $6 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $3 million from co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's third programme of assistance to Mongolia, a "Category B" country under the Fund's resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the national policies, priorities and strategies expressed in the Government's 2000 Good Governance for Human Security programme and the 2001 action plan, the national population policy, the national reproductive health programme, the strategic plan on sexually transmitted infections (STIs) and HIV/AIDS, the national programme on adolescents, the strategic plan on maternal mortality, among others. It is based on the analysis and recommendations of the current programme's mid-term review; extensive field visits; consultative meetings with central and provincial partners; statistical analysis of major population indicators by province; use of recent key studies and data; and subprogramme evaluations. The draft programme was endorsed during an in-country strategy meeting in April 2001 with key national partners, representatives of United Nations agencies and donors.

3. The proposed programme is consistent with the challenges, priorities and strategies agreed upon by the United Nations country team in the context of the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), which were elaborated with UNFPA involvement in collaboration with the Government, civil society and donors. UNFPA will contribute indirectly to all the goals identified in the UNDAF and more directly and substantively to two of them: (a) to strengthen basic social services in providing quality, equitable services; and (b) to promote equity in Mongolian society, sustainability of development activities and decentralization. The proposed programme coincides with UNDP and UNICEF planning cycles and the start of the new two-year programme of WHO.

4. The proposed programme seeks to assist the Government in reviewing, continuing and further institutionalizing the implementation of national population and development policies, strategies and programmes within the framework of the Programme of Action of the International Conference on Population and Development (ICPD) and the ICPD+5 review. Its goal is to contribute to the improvement of the quality of life of the Mongolian people through better reproductive health, a harmonious relationship between population and development, and gender equality.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Mongolia is a landlocked, isolated country with a sparse population dispersed over vast distances. Its climate is characterized by long, severe winters with average temperatures below freezing from October to March. Such conditions along with poor transportation and communication infrastructure present a formidable challenge.

7. The country peacefully initiated a transition to a market economy and to democracy in 1990. If major progress has been achieved, many emerging issues have brought additional challenges to the country. Thirty-six per cent of the population is poor, and disparities among regional and socio-economic groups are deepening. The 2000 census showed that migration and urbanization are increasing while 24 per cent of the labour force in urban centres is unemployed.

8. Although girls and women are better educated than boys and their school drop-out rate is lower, women are under-represented in the higher and more influential job ranks. Females head 16 per cent of households, and the country's socio-economic difficulties have contributed to an increase in alcoholism and domestic violence. More research is needed to understand and appreciate the impact of these trends.

9. Government financial difficulties have led to reduced support of the education and health sectors. The 1998 reproductive health survey (RHS) showed that health indicators vary significantly among the various districts. Knowledge of contraceptive methods is almost universal and the contraceptive prevalence rate (CPR) for modern methods is 33 per cent. Although a broad range of modern contraceptives is available and used, there exists a bias towards intrauterine devices (IUDs). The Ministry of Health reports one abortion per five live births. Although only three cases of HIV/AIDS have been officially identified, health-care providers report that STIs are increasing rapidly. Increases in the number of commercial sex workers, unprotected casual sex among youth, and contact with people from other countries are likely to raise the number of HIV infections considerably.

10. The RHS showed that although 94 per cent of deliveries are attended by trained birth attendants, maternal and infant mortality rates remain high: 158 per 100,000 live births and 65 deaths per 1,000 live births, respectively. The high incidence of maternal deaths may be attributable to the poor health conditions of women, but also to the lack of skill of health

personnel in responding to complications, lack of basic medical equipment and drugs, a slow and bureaucratic referral system, and poor knowledge about pregnancy and its complications. A number of people, particularly the poor and migrants, are deprived of care because they do not participate in the national insurance scheme and cannot pay for drugs, transport, outpatient and other services.

11. Mongolia is attempting to shift from a curative to a preventive health-care system, but this is being jeopardized by poor financing and the collapse of the outreach system. Reproductive health services are available but are not integrated or client-centred. Generally speaking, management of health care is weak and inefficient. Clinical skills need to be updated and brought up to international standards.

12. The recent liberalization of society has significantly influenced behaviours of adolescents. According to the RHS, 9 per cent of adolescents aged 15-19 reported having started childbearing. This figure reaches 25 per cent among the 19-year-old group. The prevalence of STIs is also rapidly increasing among young people.

13. Mongolia has adopted the ICPD goals concerning reproductive health and has formulated policies, standards and guidelines to guide the delivery of reproductive health services. The population policy adopted in 1996 and the national reproductive health programme adopted in 1997 provide a framework for the provision of reproductive health services. Population growth is slowing: the 1989-2000 intercensal growth indicates an annual average increase of 1.4 per cent, as compared with 2.5 per cent for the previous intercensal period of 1979-1989. This is due to the out-migration of citizens from the former Soviet Union and to declining fertility. There is, however, no consensus on population issues in the country. Arguments for pro-natalist policies often focus on the small population size, the large territory and low density (one of the lowest in the world), and the security concerns arising from these circumstances.

14. National government institutions and non-governmental organizations (NGOs) generally have limited management and technical skills, making capacity building crucial. The statistical and research systems remain weak. Quality policy research and the capacity to translate quality data and research into policies are limited. Monitoring capacity and coordination among and within the national institutions need to be strengthened. Recent structural changes due to the election of a new government provide new challenges as well as opportunities.

15. Parts of Mongolia suffered very severe drought and winter conditions the past two years, negatively impacting the economy and way of life. These conditions have likely had a negative impact on maternal and preventive health, including the use of family planning and the testing and management of STIs. Migration from the worst-affected areas seems to have increased.

Previous UNFPA assistance

16. UNFPA has been cooperating with the Government of Mongolia since 1972. Estimated total expenditures under the second country programme (1997-2001) amounted to approximately $7.3 million, of which $6.6 million were from regular resources. Approximately $700,000 was secured from co-financing resources, which does not include parallel funding secured by UNFPA and assistance provided through the Fund's intercountry programme for commodities and as part of the United Nations Consolidated Appeals Process. The arrival of the first UNFPA Representative in December 1998 was instrumental in mobilizing additional funds. Bilateral donors include Australia, Canada, Luxembourg, the Netherlands, the United Kingdom and the United Nations Foundation. UNFPA remains the main donor in the area of reproductive health and population.

17. UNFPA assisted the Government in developing and approving the national reproductive health programme as a main reproductive health policy document. Continuous supply of many types of contraceptives coupled with information, education and communication (IEC) materials and training have resulted in introducing a range of contraceptive choices and promoting their use. To address the issue of quality services, new approaches and concepts were introduced through a series of training programmes on logistics and health management information systems (LMIS and HMIS), and on reproductive health services for different categories of service providers. Relatively new concepts for Mongolia, such as privacy, confidentiality and integrated reproductive health services, including STI screening and availability of various contraceptive methods, were introduced at affordable prices through a model fee-for-service clinic. This model was replicated in three other areas, and they are almost self-sufficient. With logistical support from the Government, the social marketing of condoms was expanded to all provinces after a successful pilot phase in the capital.

18. Several useful studies have been completed, including an LMIS report. Clinical guidelines on family planning, STI management, infection prevention, and obstetrics were developed and adopted. A sexuality education curriculum, along with teacher training, was adopted by the Ministry of Education and introduced in secondary schools. A number of IEC materials for different target groups, including adolescents, were developed and distributed around the country. Capacity-building activities targeting local NGOs were initiated and needs for further assistance in this area were identified.

19. The capacity of the National Statistical Office to produce, process and analyse quality population data was strengthened through conducting the 1998 RHS and the 2000 census. The National Statistical Office produced high-quality outputs and disseminated them widely. Training on integration of population into development planning provided an opportunity for many officials to acquire some knowledge on population issues and their links to development. The curriculum of the Population and Training Research Institute (PTRC) was updated. The

capacity of national researchers was strengthened through Master's degree programmes, short courses, technical assistance missions as well as through the conduct of policy-oriented studies. In spite of these advances, however, effective use of research and data, such as that collected from the RHS, in shaping policies and programmes still needs to be strengthened.

20. Lessons learned. Inadequate involvement of national institutions in programme implementation and often a lack of partnership and understanding of ownership underlined the critical need to institutionalize population support provided by UNFPA. Transfer of skills through on-the-job training was inadequate. There is still limited capacity for national execution, including planning and monitoring. While significant headway was made in developing clinical guidelines that meet international standards, there is a need to train a critical mass of qualified personnel to deliver quality reproductive health care, while continuing with the review of additional needed guidelines. Limited resources were thinly stretched nationwide and the overall impact of the programme was affected as a result. Adequate monitoring was not always possible due to the vast expanse of the country, poor infrastructure and difficult climatic conditions.

21. Consistent and quality policy-relevant data are still lacking. The population and health research capacity needs to be further strengthened to produce quality data that comply with internationally accepted standards. Additionally, the national capacity to utilize and disseminate existing data and translate research into policies and programmes needs to be enhanced. Inadequate understanding of planning processes has to be addressed. Due attention needs to be given to policy development and gender issues.

Other external assistance

22. Although on a per capita basis Mongolia receives substantial donor support and official development assistance represents 30 per cent of the country's gross domestic product (GDP), relatively few donors provide assistance to the social sectors, particularly to population, and few are based in the country. UNFPA has been working in close collaboration with several other donors, particularly with the German Gesellschaft für Technische Zusammenarbeit (GTZ), which is also supporting a reproductive health programme. Effective collaboration has taken place with UNDP, WHO and UNICEF. The Asian Development Bank is providing assistance to privatize and reform the health insurance system, while the World Bank provides funds to restore maternity rest homes and improve transport and hospital heating facilities. Japan has provided medical equipment and ambulances to seven provinces.

Proposed programme

23. The programme goal is stated in paragraph 4 above. Consolidating the achievements and applying the lessons learned under the previous country programme have been key considerations in the formulation of the proposed programme. The proposal also takes into

account the need for sustainability and rationalization and addresses such key issues as unmet need for family planning and quality of care. Policy studies, research, completion of needed guidelines and protocols, training, IEC, advocacy and provision of reproductive health commodities will be carried out at the central level and nationwide. In addition, five focus provinces will be supported through a comprehensive package of reproductive health services that will extend to the lowest level of the health system.

24. The proposed programme would have two subprogrammes: reproductive health and population and development strategies. IEC, advocacy and gender concerns would be cross-cutting dimensions of both. United Nations inter-agency collaboration and partnership with donors, particularly with GTZ on reproductive health issues, will be strengthened.

25. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to: (a) increased utilization of quality reproductive health services by women, men and adolescents with a focus on safe motherhood; (b) enhanced utilization of reproductive health and sexuality information and counselling to bring about improved reproductive health and safer sexual behaviour; and (c) the creation of a supportive environment for policy makers and communities to address reproductive health and reproductive rights, particularly adolescent reproductive health and gender issues.

26. The main expected outputs of the subprogramme are: (a) strengthened capacity of the Ministry of Health, other relevant institutions and selected NGOs for planning and management of the reproductive health programme; (b) increased availability in selected provinces of quality integrated reproductive health services offering maternal health care, family planning, prevention of STIs and HIV/AIDS, prevention of abortion and management of its complications; (c) increased availability of reproductive health information, education counselling and services for in- and out-of-school adolescents and youth; (d) enhanced knowledge and awareness of women, men and adolescents of reproductive health and rights and gender issues; (e) enhanced capacity of selected government, mass media, non-governmental and other institutions to plan and conduct advocacy activities; and (f) improved awareness of and support for reproductive health and rights, adolescent reproductive health and gender issues among policy makers, parliamentarians, media officials and communities. By the end of the programme, it is expected that 100 per cent of service delivery points in the selected provinces will be implementing the client-oriented provider-efficient (COPE) methodology for improving quality of care and that 70 per cent of adolescents would know at least four methods of prevention of unwanted pregnancies and STI and HIV/AIDS transmission.

27. Five focus provinces were selected on the basis of the magnitude of reproductive health needs, high proportions of rural populations, contiguity of areas and absence of other donors in the field of reproductive health. Five provinces in the west emerged as those in greatest need of reproductive health information and services. The western region also has the highest out-

migration rate to Ulaanbaatar. GTZ support will extend to Zavkhan province in the west, providing an opportunity for regional cooperation with that agency. If additional resources are available, UNFPA assistance could be expanded to cover other provinces as well. Finally, support will be provided to a selected number of poorer districts of Ulaanbaatar.

28. At the central level, UNFPA will provide support for capacity building of the Ministry of Health to: (a) formulate policies, monitor and coordinate programmes; (b) mandate technical standards for quality assurance; (c) update existing and develop additional reproductive health guidelines; and (d) improve the reproductive health database. In the area of training, reproductive health in the pre-service curriculum of the medical university and colleges will be revised and institutionalized. Efforts initiated to develop a viable advocacy strategy, particularly in the areas of reproductive health and rights, adolescent reproductive health and gender issues, will be completed and widely disseminated. Support for the production and wide dissemination of IEC materials on key reproductive health areas will continue to be provided. Capacity building will also be supported through cost-recovery pilot schemes. The capacity of national NGOs working in population and reproductive health will be enhanced by management and technical training and other support. A network of select NGOs will be established to facilitate and coordinate capacity building and other pilot programme activities.

29. UNFPA assistance will work to ensure reproductive health commodity security in all provinces. UNFPA will continue to support the Government to ensure adequate and timely supplies of contraceptives, essential obstetric and STI drugs for the whole country. It will strengthen the LMIS with a view to improve forecasting, eliminate or minimize overstocking, under-supply and stock-outs, and ensure adequate and timely delivery of needed reproductive health commodities. The Fund will invite and mobilize other donor agencies to participate in the provision of these essential commodities. It will also continue to provide support to the recently expanded condom social marketing programme and, if additional resources are mobilized, support its expansion to oral pills and female condoms. It will also support the introduction of revolving funds for reproductive health commodities. Meanwhile, advocacy will aim at encouraging the Government to provide an increasing allocation for the procurement of contraceptives within the national budget.

30. UNFPA will fund training of trainers in reproductive health in the provincial centres and provide the trained health personnel with accompanying manuals, protocols and guidelines. In the focus areas, training will be extended to the district and subdistrict levels.

31. A comprehensive and integrated package of information and services in the areas of family planning, maternal care, prevention of STIs and HIV/AIDS, prevention of abortion and management of its complications, and adolescent reproductive health will be provided to the five priority provinces and selected poor districts of Ulaanbaatar.

32. Service providers will be trained on the technical aspects of reproductive health with emphasis on the provision of integrated, client-centred and quality reproductive health information, counselling, services and management, while programme managers and health administrators will receive training in management skills. Efforts will be directed to the reprinting and/or development, production and distribution of appropriate, culturally sensitive IEC materials, including in the Kazakh language as significant numbers of Kazakhs live in the western part of the country. Adequate equipment, medicines, and medical and laboratory supplies, including transportation and communication support for monitoring and emergency referrals to higher levels of health care, will be supported. The management information system will be improved. Innovative self-sustainable activities for the service delivery points at the district level will also be supported together with community-based reproductive health interventions at the subdistrict level, based on the models piloted by GTZ.

33. Special attention will be given to reducing the high level of maternal mortality in Mongolia. The assistance will concentrate on improving community support for timely and appropriate responses to complications of pregnancy, especially the provision of transportation to health facilities; upgrading the skills of health-service providers at the subdistrict and district levels in the diagnosis and management of complications of pregnancy and labour and in making decisions on appropriate referrals; educating women and men about pregnancy, prevention of abortion and the complications of unsafe abortions; and increasing the utilization of emergency obstetric services at health facilities.

34. UNFPA will also focus on adolescent reproductive health. The current in-school sexual education programme will be reviewed and updated. Efforts will be made to institutionalize reproductive health and sexuality education at the pedagogical university and teachers' college. Funds secured from the United Nations Foundation for 2001-2004 are being used to pilot different types of reproductive health information, education and service provision to adolescents for possible replication and expansion during the course of the proposed programme. Local NGOs with experience working with adolescents will be tapped to reach out-of-school youth.

35. Under the proposed subprogramme, the Ministry of Health will be the leading ministry for implementation of the reproductive health subprogramme and will work in close collaboration with other related ministries and institutions. Attention will also be given to local governments and NGOs to make them viable partners in programme implementation.

36. Of the $7 million to be allocated to the reproductive health subprogramme, $4.5 million would come from regular sources and $2.5 million would be sought from co-financing modalities and/or other resources including a grant proposal to the United Nations Human Security Fund, which would be funded by the Government of Japan.

37. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to improved implementation of population, reproductive health, gender and other socio-economic policies and programmes.

38. The main expected outputs of the subprogramme are: (a) strengthened coordination and monitoring of population and related policies and programmes at central, regional and provincial levels; (b) strengthened capacity at ministries, related agencies and local levels for integrating population and gender issues into plans and programmes; (c) improved availability and accessibility of reliable population, gender and related data for planning, policy-making and programme management; (d) strengthened national capacity for training and research of the PTRC and that National Statistical Office and related institutions in population, gender and related fields; and (e) strengthened population and socio-economic policies and strategies on the basis of data analysis and research findings.

39. UNFPA would provide support to set up an intersectoral committee on population and related policies and programmes. The Fund would also work to strengthen the capacity to address and integrate population issues in the newly created working group on equity and social policy of the Good Governance for Human Security programme. There is a need to sensitize and stimulate dialogue on population and development, including clarification of concerns regarding population size, structure, growth rate and fertility levels, and the important issue of internal migration. Support will also be provided to provincial governors' offices to improve coordination of population-related activities in line with the decentralization and regional development process. UNFPA would also support work to develop a monitoring system, including a functional monitoring database.

40. Mongolia has moved away from central planning but has yet to clearly identify and set up new mechanisms and processes for planning. For this reason, capacity will be strengthened through the establishment of a core group of specialists on population and gender who will act as resource persons. In selected sectors, the planning process will be reviewed and improved for the actual integration of population concerns and methods. Curricula and training materials will be developed in relevant institutions and used at all levels to strengthen planning.

41. The proposed programme will strengthen the national capacity for collecting quality population and gender data so that data collection, processing, analysis and dissemination meet international standards. This will increase the reliability of the data and its utilization for policy and planning. The relationship between data producers and data users will also be strengthened.

42. A strategy will be formulated to train staff of various ministries and national technical institutes on the topics of population and gender. Course curricula and materials for universities as well as in-service training for officials will be improved to reflect government policies and programmes and in order to integrate new data and knowledge about the country's population

and gender situation. Special attention will be given to enhance research capacity by strengthening the PTRC's capacity to train researchers and through in-service training for various research institutions. Due attention would be given to studies, policy review, IEC, and advocacy activities on gender in close collaboration with the newly established UNIFEM office.

43. Translation of data and research findings into action, whether policy or programme, is weak. To help address that situation, the proposed subprogramme will support efforts to further analyse existing data using new methodologies and a fresh perspective. Support will also be provided for informed advocacy with policy options to stimulate a debate on population issues and generate consensus on strategies and to review national policies and programmes, as needed.

44. Traditional partners in the area of population and development strategies such as NSO and PTRC will continue to be involved and supported under the proposed programme, and new partnerships will be developed. The newly created Ministry of Social Welfare and Labour, which will oversee the population and development strategies subprogramme and involve other relevant ministries in several of the programme activities.

45. The amount of $1.7 million would be allocated to the population and development strategies subprogramme, of which $1.2 million would come from regular resources and $500,000 would be sought through co-financing modalities and/or other resources. Most funding would go for training, research and IEC activities, with very limited provision of equipment.

46. In order to make the proposed programme more focused, an advocacy strategy will be developed on the selected priority issues of reproductive health and rights, adolescents and gender issues, including addressing the legislative gaps in domestic violence. Challenges include the need to institutionalize advocacy at the national level, the use of research for advocacy activities and the development of advocacy networks. Out of the reproductive health and population and development strategies subprogrammes, a total of approximately $700,000 would be utilized for advocacy activities.

47. Another cross-cutting issue is assistance for disaster management. As spelled out in the UNDAF, the United Nations system as a whole will assist the country in managing disasters. UNFPA's contribution will focus on assisting the health system to ensure that it can continue to provide services even in time of extreme winter weather.

Programme implementation, coordination, monitoring and evaluation

48. The proposed programme will be executed by UNFPA and the Government under the supervision of the Ministry of Foreign Affairs, which coordinates donor support. A multi-agency programme management committee co-chaired by the UNFPA Representative and the Ministry of Foreign Affairs, with members from the relevant line ministries, selected provincial

representatives and with NGO participation, will provide programme direction for monitoring and assessing progress. The United Nations will continue its monthly donor meeting for sharing information, identifying potential areas of collaboration and avoiding duplication of efforts.

49. Because of the limited capacity of national institutions and the lack of a full-fledged UNFPA office in the country, there has been no national execution in Mongolia. To address this, UNFPA's role will be reduced during the programme while simultaneously increasing national execution. By the end of the third country programme, it is expected that UNFPA will execute only international technical assistance, international training and procurement. Technical assistance with the aim of transferring skills will be provided through one chief technical adviser in the area of reproductive health and possibly one chief technical adviser for population and development strategies as well through the use of the CST, United Nations Volunteers (UNV) and National Professional Project Personnel.

50. The programme will work to strengthen the results-based management capacity of executing and implementing agencies. While the logical framework will be used to manage and monitor the programme, national project directors will be primarily responsible for preparing monitoring reports, annual reports and reviews. Simple but effective coordination mechanisms will be established to involve all relevant parties, including NGOs. A mid-term review will be conducted in 2004, and an end-of-programme evaluation will be carried out in 2006.

51. The UNFPA country office is composed of a Representative, a national programme officer, a national programme assistant, a finance/administrative assistant, a senior secretary and a driver. At present, two Junior Professional Officers are attached to the office. A number of National Professional Project Personnel and UNVs would be utilized to support the programme, helping to transfer skills and knowledge to enhance national capacity and execution. Under the proposed programme, the amount of $300,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

52. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Mongolia in the amount of $9 million for the period 2002-2006, $6 million of which would be programmed from the Fund's regular resources, to the extent such resources are available, and the balance of $3 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

*****